

## SAT Intervention Plan: Tier II

Student Name \_\_\_\_\_ ID Number \_\_\_\_\_ Date \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

*Enter or attach and specify information requested below. All cells must be completed or referenced to appropriate attachment. Intervention #1 should be implemented for a continuous duration of 4-8 weeks before implementation of Intervention #2. Intervention #2 is needed only if intervention #1 does not provide sufficient positive response.*

Classroom program/curriculum	Specific targeted skills identified	Program minutes per day	_____ days per week for _____ weeks	Student groupings for instruction	Person(s) responsible for implementation of plan
<b>Intervention #1</b> Describe teacher instructional strategy to address identified skill deficit	Describe/list specific student activity to address identified skills development with specific instructional outcome measures <i>(include starting and ending dates of implementation, and dates of assessment)</i>	Summary of effectiveness <i>(qualitative and quantitative data)</i>		SAT recommendation for continuation/discharge of intervention  <input type="checkbox"/> Maintain intervention <input type="checkbox"/> Modify intervention <input type="checkbox"/> Replace intervention <input type="checkbox"/> Discharge <input type="checkbox"/> Other	
<b>Intervention #2</b> Describe teacher instructional strategy to address identified skill deficit	Describe/list specific student activity to address identified skills development with specific instructional outcome measures <i>(include starting and ending dates of implementation, and dates of assessment)</i>	Summary of effectiveness <i>(qualitative and quantitative data)</i>		SAT recommendation for continuation/discharge of intervention  <input type="checkbox"/> Maintain intervention <input type="checkbox"/> Modify intervention <input type="checkbox"/> Replace intervention <input type="checkbox"/> Discharge <input type="checkbox"/> Other	